

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): STEER ET AL.

Group Art Unit: 1612

Serial No.: 10/532,039

Examiner: Sara E. Clark

Filed: September 22, 2005

Docket No.: 110.01980101

Confirmation No.: 8552

Title: METHODS OF TREATING INJURIES OF THE NERVOUS SYTEM
ASSOCIATED WITH HEMORRHAGE

Mail Stop Amendment

Commissioner for Patents

Charge all fees to Deposit Account 13-4895

P.O. Box 1450

Alexandria, VA 22313-1450

We are transmitting the following documents along with this Transmittal Sheet:

X Small entity status is entitled to be asserted in the above-identified application.
X An Information Disclosure Statement (2 pgs), 1449 forms (1 pg); and copies of 2 documents cited on the 1449 forms. Charge Deposit Account 13-4895 in the amount of \$180 for the required fee.

Fee Calculation for Claims Pending After Amendment					
	Pending Claims after Amendment (1)	Claims Paid for Earlier (2)	Number of Additional Claims (1-2)	Cost per Additional Claim	Additional Fees Required
Total Claims				x \$25 =	
Independent Claims				x \$105 =	
One or More New Multiple Dependent Claims Presented? If Yes, Add \$185 Here →					
Total Additional Claim Fees Required					-0-

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers and please charge any additional fees or credit overpayment to Deposit Account No. 13-4895.

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CERTIFICATE UNDER 37 CFR §1.8:

The undersigned hereby certifies that this Transmittal Cover Sheet and the paper(s), as described hereinabove, are being transmitted via the U.S. Patent and Trademark Office electronic filing system in accordance with 37 CFR §1.6(a)(4) to the Patent and Trademark Office addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 2 day of June, 2010.

By:

Name:

SANDY TRUEHART

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